Adult Respiratory Emergencies: COPD

I. All Provider Levels

1. Refer to the Patient Care Protocol.

2. Provide oxygen

   A. For patients in mild to moderate distress, provide oxygen via nasal cannula at 2 - 6 lpm

   B. For all patients in severe and acute distress, provide 100% oxygen via NRB face mask

   C. If respiratory effort is inadequate, assist ventilations utilizing BVM with 100% oxygen.

3. Place the patient in position of comfort.

4. Initiate advanced airway management with Combi-tube for the impending respiratory arrest patient.

> ***Note Well:*** *EMT-I and EMT-P should use ET intubation.*

   A. Have suction unit ready.

5. Administer 2.5 mg Albuterol Sulfate via nebulizer.

II. Advanced Life Support Providers

1. If the patient continues to experience significant respiratory distress and showing no improvement from initial nebulizer treatment:

   A. Attach EKG and interpret rhythm.

   B. Administer an additional 2.5 mg Albuterol Sulfate via nebulizer. Reassess patient.

2. Consider establishing an IV of Normal Saline KVO or Saline lock.

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III. Transport Decision

1. Transport to the closest appropriate open facility.

> **Note Well:** *Do not delay transport to complete albuterol treatment*

IV. The Following Options are Available by Medical Control Only

1. Additional doses of Albuterol Sulfate 2.5 mg via nebulizer if bronchoconstriction persist.

2. Brethine (terbutaline) 0.25 mg SC

> **Note Well:**
> 1. *Remember to reinstate appropriate oxygen therapy after albuterol therapy*
> 2. *On occasion severe asthma or COPD can be hard to differentiate from pulmonary edema with broncho spasm ("cardiac asthma"). Past medical history, including medications, and careful attention to physical findings may help to determine underlying etiology of the broncho spasm. If any question, contact Medical Control for further advise an/or orders.*

3. Methylprednisolone (solumedrol) 125 mg slow IVP.